



CG-2 ANNUAL BINGO AND/OR PULL TAB APPLICATION FOR FIRST TIME APPLICANTS

State Form 45381 (R3 / 08-06)

INDIANA GAMING COMMISSION

For Official Use Only

License Fee Paid _____

Date Received _____

Reviewed By _____

Date Entered _____

INSTRUCTIONS: Processing of this application can take up to 120 days. Attach License Fee Here.

1. Name of Organization (Please type or print)	2. Indiana Taxpayer Identification Number (TID)
3. Previous Name of Organization (If name changed)	4. Federal Identification Number (FID)

5. Street Address of Principal Office (As it appears on the Charity Gaming Qualification Application, Form CG-1)				6. Business Hours
City	State	Zip Code	County	Daytime Telephone Number ()

7. On which days of the week and during what hours will your bingo event be conducted? (a.m. establishes the midnight hour, p.m. establishes the noon hour). (Time is limited to no more than 8 consecutive hours per session).

Day _____ Hours _____ M to _____ M Day _____ Hours _____ M to _____ M

Day _____ Hours _____ M to _____ M

☐ Check this box if you wish to sell pull tabs, punchboards, and tip boards **only**, and not play bingo. (Also complete following sections).

8. Street address of the facility where the bingo and/or pull tab event will be conducted and the DBA name (Doing Business As), if applicable.

City	State	Zip Code	County	Daytime Telephone Number ()
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Leasing Information

INSTRUCTIONS: Attach additional sheets if necessary to supply all information for each line.

9. Does your organization own _____, lease (rent) _____, or use a donated _____ facility where the licensed event will be conducted? (Check one)

- **If leased** (rented), enter name and address of lessor and attach a copy of your signed lease agreement.
- **If donated**, enter name and address of donor and attach a **notarized** statement from the donor that the facility is being offered rent free.

Name of Lessor/Donor (Full legal name)			Address	
City	State	Zip Code	County	Daytime Telephone Number ()

10. Is any tangible personal property (i.e. tables, chairs, bingo blowers, etc.) being leased or donated to you for this event? Yes ☐ No ☐

If you answered Yes, list the name and address of the lessor or donor. Attach a signed copy of the lease agreement or notarized donation statement from the donor. Note: Bingo equipment must come from a licensed distributor and/or manufacturer.

Name	Address	City	State	Zip Code
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11. Does your organization own bingo equipment?

If you answered Yes, list the distributor/manufacturer's name, date of purchase, purchase price, and type of equipment purchased.

If you answered No, provide information on the distributor/manufacturer where equipment will be purchased.

Name of Distributor/Manufacturer	Date of Purchase	Purchase Price	Equipment Type

Operator and Worker Information

12. List below each bingo operator who will supervise, manage, and be responsible for the operation and conduct of the gaming event. Attach additional sheets if necessary. Please type or print.

Name	Home Address (Street, City, State, Zip Code)	Driver's License or State I.D.	Date of Birth	Daytime Telephone Number	Membership Years/Group	Member	Bartender
				()			
				()			
				()			
				()			
				()			

13. Please list the name from above of the principal person in your organization who has overall responsibility for the operation and control of this charity gaming event. Please type or print.

X _____

14. Are any of the operators listed above also operators for any other organization's charitable gaming events? Yes ☐ No ☐ If yes, list each individual's name, name of organization, and the month(s) that they will operate other gaming events. Attach additional sheets if necessary.

15. List **all** individuals (*excluding operator information above*) who will assist and work in the operation of the licensed event. Attach additional sheets if necessary. Please type or print.

Name	Home Address (Street, City, State, Zip Code)	Driver's License or State I.D.	Date of Birth	Daytime Telephone Number	Membership Months or Years/Group	Member	Bartender
				()			
				()			
				()			
				()			
				()			

16. Have any operators or workers listed above, or on any attachments, been convicted of a felony in any jurisdiction? Yes ☐ No ☐
If you answered Yes, list each name and date of conviction. Attach additional sheets if necessary.

Concession Information

17a. Will concessions be offered during the licensed event? (*Check one*) Yes ☐ No ☐

If Yes, complete the following information.

If the concessionaire is required to have a retail merchant certificate enter that number in the box provided.

Name of organization offering the concessions	Indiana Retail Merchant Certificate Number
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17b. Which of the following will your organization be receiving? (*Check one*)

_____ All of the concession income

_____ A flat fee concession payment

_____ A percentage of the concession income

_____ Other (*explain*) _____

Game and Prize Information

18. Will your organization be conducting a door prize drawing during the bingo event? Yes ☐ No ☐

Will your organization be selling pull tabs, punchboards, and tip boards? Yes ☐ No ☐

You may request special permission to increase certain prize limitations. See Charity Gaming Publication 2 for more information.

Manufacturer and Distributor Information

19. List the manufacturer(s) and/or distributor(s) from whom you currently intend to purchase bingo supplies, pull tabs, punchboards, or tip boards. Attach additional sheets if necessary.

Name	Address	City	State	Zip Code	Items

Financial Information

20. Where will the charity gaming financial records be maintained?

Address

City

State

Zip Code

21. Name, address, and telephone number of the person maintaining these records. *(The person maintaining these records should be listed as an operator on Page 2.)*

Name

Address

City

State

Zip Code

Daytime Telephone Number
()

Note: All proceeds from an allowable event and related activities may only be used for the lawful purposes of the qualified organization. I.C. 4-32.2-5-3

22. List all of the organization's banking including general account and charity gaming account information. *(Attach additional sheets if necessary.)*

Name of Bank

Street Address

City

State

Zip Code

Name of Account

Account Number

Type of Account (checking, savings, CD)

Name of Gaming Account

Account Number

Type of Account (checking, savings, CD)

Previous Charity Gaming License Information

23. Has your organization been previously licensed by the Indiana Gaming Commission to conduct annual bingo events?

Yes* ☐ No ☐

24. Has your organization ever had a prior charitable gaming application denied by the Indiana Gaming Commission or had its license suspended or revoked?

Yes* ☐ No ☐

*If yes, list the reasons why your license was denied, suspended, or revoked.

License Fee Information

25. The license fee for an organization's first Annual Bingo and/or Pull Tab License is \$50.00 and must be paid with this application. The fee should be paid by a check drawn from your nonprofit checking account. Make your check payable to: **Indiana Gaming Commission**.

Certification

We certify under penalty of perjury that the organization applying is a qualified organization, and there are no misrepresentations or falsifications in the information stated. We understand false or misleading statements will cause rejection of this application or revocation of future license(s).

Contact Name

Phone Number

Signature of Officer

Officer's County of Residence

Date

Printed Name of Officer

Signature of Officer

Officer's County of Residence

Date

Printed Name of Officer

Send this application and \$50.00 fee to:

Indiana Gaming Commission
Charity Gaming Division
115 W. Washington St., Suite 950
Indianapolis, IN 46204-3408
Phone: (317) 232-4646